UTILITY PATENT APPLICATION P32371-C1 Attorney Docket No. TRANSMITTAL First Named Inventor Markwell, et al. (For new nonprovisional applications under 37 CFR 1.53(b)) "<u>EXPRESS MAIL CERTIFICATE</u>" "EXPRESS MAIL" MAILING LABEL NUMBER **EL964437915US** DATE OF DEPOSIT: 24 November 2003 I hereby certify that this paper or fee and the papers indicated as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date and with the Mailing Label Number indicated above and addressed to: COMMISSIONER FOR PATENTS, MAIL STOP: PATENT APPLICATION, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450. NAME OF PERSON MAILING PAPER OR FEE (TOPE OR PRINT) SHAWN SIGNATURE හු 7. 🔯 APPLICATION ELEMENTS The Title of the Invention: MPEP chapter 600 concerning utility patent application contents. **COMPOUNDS** 8. Nucleotide and/or Amino Acid Sequence Submission The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 19-2570 Computer Readable Copy General Authorization to charge any and all fees under 37 Paper Copy (identical to computer copy) CFR 1.16 or 1.17, including petitions for extensions of Statement verifying identity of above copies c. time, relating to this application. (37 CFR 1.136(a)(3)) d. Use the identical computer-readable form filed (Submit an original, and a duplicate for fee processing) __, filed ___ in Application No. ___ _ as the computer-readable form for the instant application. (37 CFR 1.821(e)) 2. The total fee is calculated as shown below: ACCOMPANYING APPLICATION PARTS Information Disclosure Statement (IDS) Basic Filing fee \$770.00 9. \boxtimes Total Claims $12 - 20 = 0 \times 18 \boxtimes PTO-1449 0.00 b. Independent Claims 3 $-3 = 0 \times \$86$ Copies of all IDS Citations 0.00 Multiple Dependent Claim present. \$290 TOTAL FILING FEE 10. 🔲 Assignment Papers (cover sheet & document(s)) \$770.00 11. \boxtimes Prior Application is Assigned to: Cancel in this application original claims $\underline{3}$ to $\underline{13}$ of the prior SmithKline Beecham p.l.c. application before calculating the filing fee. (for continuation/divisional with Box 17a completed \boxtimes Charge \$770.00 to the above indicated Deposit Account. 3a. 🛛 🗀 12. Specification excluding Drawings [Total Pages] Preliminary Amendment [Total Pages] 9 3ъ. 🖂 Abstract on a separate sheet [Total Pages] Drawing(s) (35 USC 113) [Total Sheets] 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 5. Declaration and Power of Attorney [Total Pages] 3 14. 🔲 Certified Copy of Priority Document(s) a. Newly executed (original or copy) (if foreign priority is claimed) b. Copy from a prior application (37 CFR 1.63(d)) 15. 🔲 (for continuation/divisional with Box 17a completed) Transfer all references cited by Applicants or by the c. Unsigned Declaration Examiner from the parent Application Serial No. [Note Box 6 below] filed i. DELETION OF INVENTOR(S) PTO-1449 listing the references is enclosed. Signed statement attached deleting inventor(s) named in the 16. 🔲 Other: prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. 🛛 Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 17. Priority Information, check appropriate box and supply the requisite information Continuation The accompanying application is a Continuation-in-part (CIP) a. of prior application No: 10/031,768 filed July 17, 2002. Benefit is claimed under Title 35, United States Code, Section 119(e) of the following Provisional Applications:

c. ** Ad	d claim to priority v	/ia Prelii	ninary Amendment.		
Correspondence Address: GLAXOSMITHKLINE Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA 19406-0939			•	Signature Name	Respectfully Submitted, Laura K. Madden
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b.

Application No.

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